

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P520: MD-Individual Practice Association Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 3,214,426
Services Submitted: 3,214,426

Source File: P520_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	101,304	144,681	42.8	2,769,420	2,394,251	-13.5	185,317,340	235,397,253	27.0
2: PPO-POS									
3: PPO or Other Managed Care									
4: Indemnity Care									
5: HMO-POS Rider	28,525	25,547	-10.4	914,030	820,175	-10.3	58,166,633	77,493,423	33.2
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	129,591	170,179	31.3	3,683,450	3,214,426	-12.7	243,483,973	312,890,676	28.5

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO									
HMO Fee for Service	106,672	133,732	25.4	2,114,005	2,111,488	-0.1	222,882,588	284,351,046	27.6
HMO Capitated	102,859	118,392	15.1	1,270,025	743,346	-41.5			
Medicare, All Types		2,268			16,098			1,316,488	
No Plan Assigned	7,553	8,785	16.3	299,420	343,494	14.7	20,601,385	27,223,142	32.1
Total	129,591	170,179	31.3	3,683,450	3,214,426	-12.7	243,483,973	312,890,676	28.5

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental		2,888			27,460			1,627,070	
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	468	152	-67.5	8,934	2,151	-75.9	615,352	163,947	-73.4
4: Private Employer Sponsored Insured	4,922	56,982	1057.7	100,931	447,299	343.2	7,171,107	25,964,404	262.1
5: Public Employee	124,519	110,515	-11.2	3,573,585	2,737,516	-23.4	235,697,514	285,135,255	21.0
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	129,591	170,179	31.3	3,683,450	3,214,426	-12.7	243,483,973	312,890,676	28.5

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.